				JULIC HEALTH AND WELFARE	<u> 33 </u>
DO NOT WRITE	AMI	AMENDED		Registration District No	
VS 300	1- 1		- P	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE MISSOURI b. COUNTY St. Louis admit	e before ission)
Rev. 4/59	AMENDED	1 1		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OP OP	e Limits
	NE				No □
<u> </u>	쁘ㅣ			M HOSPITAL OR I II ADDRESS	on Farm
240083	∏ ≦			INSTITUTION VAH, 915 N. CRAND AVE. Yes 12 No ' 2722 SOLWAY Yes] No 🔀
3				3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF DEATH 8/1/62	Year
				at day	DER 24 H
5 /	11			MALE WHITE Widowed Divorced 10/16/12 49 Months Days Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO]
6	- 1			during most of working life even if retired) ArkansaseBest CHECKER (umployed) ArkansaseBest PARAGOULD, ARKANSAS U.S.A.	CONTRI
7 /		1		136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
. x		l i		WILLIAM J. TURNER JESSIE HOUSTON MARGARET TURNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	2			(Yes-tagor unknown) [(if yes, give war or dates of service MADCADETE THIDNED (LITTY) L.) CEE #5.	
9	<u> </u>	P	-	INTERVAL	BETWEEN
10 1		OFF ICE	VEN	PART I. DEATH WAS CAUSED BY: ONSET AND	
11			DOCUMENT	OF O. CONTROL COST (6)	
1283-0	3 二	2	ĕ	Configuration date lise to DUE TO (b) Cerebral hemorage	
13		CORONERS	-	Table of the set (a), striping the under-lying cause last. DUE TO (c)	
ススに	8 \$			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. If deceased was fee there a pregnancy in later to the terminal part I (b) Yes	emale w est 90 day
	-11	I∌			Unknow
Z		Danie -		19. WAS AUTOPSY PERCORMED? YES ATT NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item	18.)
		CLEAR		20c, TIME OF Hour Month, Day, Year INJURY s.m. p.m.	
<u> </u>		Ö		20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	STATE
₹%∄	IS I	1		21. Wattended the deceased from 8/1/62 , to 8/1/62 and lest saw him alive on 8/1/62	
	2			Death occurred at 12:20 PM on the date stated above, and to the best of my knowledge, from the causes stated	ted.
USE BLAC OR TYPEWRITER	SHOULD READ		1 OF	VI MAN STAR CARN WAY SP TOUTS MO. 18/1/	JE SIGNE
•		$oxed{oxed}$	- ₹	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State	te)
1	2		FFIDAVIT	Removal (Specify) Aug. 6, 1962 National Cemetery Jefferson Barracks, Missouri	<u>- </u>
	ITEM NO.		BY AI	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S IGNATUSE	. <u></u>

STATEMENT BY LICENSED EMBALMEN

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	$O_1 \cdot RB$
Student	_ Signed_ Julius K Wron
Signature of Student Embalmer	P. O. Address Standard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.